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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)					Application Number 10/517,332			Filing Date 12 April, 2006			To be Mailed		
					Applicant(s) CARRIER ET AL.						Page 1 of 1		
							* May be	sed for addi	tional claims	or amendm	ents		
CLAIMS	ASFILED		AFTER FIRST AMENDMENT 04/07/2010		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			1				51						
2				X			52						
3				(1)			53						
4 5	-			(1)			54 55						
6				(1)			56						
7	_			(1)	-	_	57		_		-		_
8				(1)			58	-			-		
9				(1)			59						_
10				(1)			60						
11				(1)			61						
12				X			62						
13				1			63						
14				- 1			64						
15				1			65						
16				X			66						
17				1			67						
18 19				(1)			68 69						
20	_			(1)			70				_		
21				(1)			70						
22	_			(1)			72				-		-
23	_			(1)			73						
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25							75						
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46 47	_						96 97				-		
48	_	_	_	_	_	_	98	_	_	_	-		-
49			-	-		-	99	-	-	-			-
50							100						_
Total			1				Total						
Indep							Indep						
Total				19			Total						
Depend							Depend						
Total			2	20			Total						
Claims	· · · · · · · · · · · · · · · ·			crn i ic r			Claims		Celdl		4. Cl. (11-	A TIMPEO	

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